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ESPS Peer-review Report
Name of Journal: World Journal of Gastroenterology
ESPS Manuscript NO: 7507
Title: Simplified Fistula Dilation Technique and Modified Stent Deployment Maneuver for EUS-Guided Hepaticogastrostomy
Reviewer code: 00077477
Science editor: Qi, Yuan
Date sent for review: 2013-11-22 19:50
Date reviewed: 2013-12-01 15:24

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
[ ] Grade A (Excellent)	[ ] Grade A: Priority Publishing	Google Search:	[ ] Accept
[ ] Grade B (Very good)	[Y] Grade B: minor language polishing	[ ] Existed	[ ] High priority for publication
[ ] Grade C (Good)	[ ] Grade C: a great deal of language polishing	[ ] No records	[Y]Rejection
[ ] Grade D (Fair)	[ ] Grade D: rejected	BPG Search:	[ ] Minor revision
[Y] Grade E (Poor)		[ ] Existed	[ ] Major revision
		[ ] No records	

COMMENTS TO AUTHORS

A failure of an internal drainage using ERCP technique sometimes requires an external drainage such as PTBD or a surgical procedure, these techniques are considered as more invasive. Thus the construction of internal drainage using EUS and EMS is feasible. Moreover, the concept of the authors' one-step insertion without using several times guidewire manipulations is considered to shorten procedure periods, and seems to be easy to success. In this meaning, the main concept of the authors' article is understandable as case reports. However, some major deficiencies are seen as a report as Phase I/II study. Study design and criteria are poor and rack of acceptable evaluations. These are described below: 1. Authors have to set or describe the primary endpoint, the secondly endpoint and discontinuance criteria. The aim of authors' study was unclear and unknown whether which feasibility authors tried to prove in Phase I study. 2. Authors should describe adverse events along with Common Terminology Criteria for Adverse Events (CTCAE) version 4.0. Did authors not know this evaluation method? Authors concluded that the adverse events (%) did not reach significance, however, the massive hemorrhage was clearly a Grade 3 adverse event only observed in Modified method group. Thus, authors have to show other all adverse events' Grades. It is an ordinary method for the clinical trial. 3. Does it have any meaning to compare Overall survival in Table 3 even though the patients' disease and staging were not standardized? Benign disease was also included! 4. Authors have to describe inclusion criteria (indication) more specifically. How many patients with high grade hilar biliary stricture, failed guidewire manipulation or PTBD refusal? These technical difficulties must influence the results. 5. Total/direct bilirubin should be described before and after the procedure. The efficiency criteria of the drainage authors defined was only 75%

decrease of the bilirubin. Is it defined as effective if bilirubin decreased to 0.8mg/dl after the procedure from 1.1mg/dl? Needless to say, direct bilirubin is important. Success rate was defined by this definition, thus this point should not be overlooked. 6. Authors have to describe whether no patients receive the second treatments such as pancreatodudodenctomy or gastrojejunostomy.

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ESPS Manuscript NO: 7507
Title: Simplified Fistula Dilation Technique and Modified Stent Deployment Maneuver for EUS-Guided Hepaticogastrostomy
Reviewer code: 00182114
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CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
[ ] Grade A (Excellent)	[Y] Grade A: Priority Publishing	Google Search:	[ ] Accept
[ ] Grade B (Very good)	[ ] Grade B: minor language polishing	[ ] Existed	[Y] High priority for publication
[Y] Grade C (Good)	[ ] Grade C: a great deal of language polishing	[ ] No records	
[ ] Grade D (Fair)		BPG Search:	[ ]Rejection
[ ] Grade E (Poor)	[ ] Grade D: rejected	[ ] Existed	[ ] Minor revision
		[ ] No records	[ ] Major revision

COMMENTS TO AUTHORS
Dear Author EUS-guided biliary drainage (EUS-BD) is an emerging alternative to PTBD or surgery after failed ERCP. You performed modified method," the role of a 4mm balloon dilation catheter with a stainless steel stylet and modified stent deployment maneuver with an 8mm fully covered metal stent with dual flap". You compared with the conventional EUS-HGS technique. Authors concluded the procedural time was shorter and early adverse events were less frequent with our simplified and modified technique. But you experienced 2 late adverse events, gastric migration of the stent and bleeding from left hepatic pseudoaneurysm. I ask some questions. 1.Please explain much detail mechanism of left hepatic artery psedoaneurysm 2.From the point of early complication, conventional method is much higher (26%) compared with modified technique (0%). Please tell me the reason why conventional method have high rate complication.

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CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
[ ] Grade A (Excellent)	[ ] Grade A: Priority Publishing	Google Search:	[ ] Accept
[ ] Grade B (Very good)	[Y] Grade B: minor language polishing	[ ] Existed	[ ] High priority for publication
[Y] Grade C (Good)	[ ] Grade C: a great deal of language polishing	[ ] No records	[ ]Rejection
[ ] Grade D (Fair)	[ ] Grade D: rejected	BPG Search:	[Y] Minor revision
[ ] Grade E (Poor)		[ ] Existed	[ ] Major revision
		[ ] No records	

COMMENTS TO AUTHORS
The authors are congratulated for performing a retrospective case comparison for performing hgs with a novel anti-migratory stent. Several minor comments 1) I don't understand how the sample size was calculated. If this was just a retrospective review than no sample size calculations Is required. If you are performing a prospective study then sample size should be calculated. But it wasn't clear if you are assuming difference or no difference between the two groups as calculation is quite different 2) what is the mean fu time of the patients? 3) although the authors claim that the difference between the 2 groups of patients is due to the technical difference, this can still be due to difference in the experience of the endoscopist In performing the procedure. The authors should mention this in the discussion 4) there was a significant in migration rate between the two groups, is this due to the design of the stent? Perhaps the authors can Hv more discussion in his issue